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PATENT
DOCKET: MMED01

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant: LeMaire III et. al.
S/N: 09/016,090
Filed: 1/30/98
For: Surgical Instrument with Offset Jaw Actuator

Group Art Unit: 3731
Examiner: Ngo, L.



TRANSMITTAL COVER SHEET

Assistant Commissioner of Patents
Box Issue Fee
Washington, D.C. 20231

Sir:

Please find enclosed:

- 1) Transmittal of payment of issue fee (37 CFR 1.311), check Number 3053
in the amount of \$ 605.00.
- 2) PTOL-85B Issue Fee Transmittal form.
- 3) Transmittal of Formal Drawings, 11 pages of Figs. 1 through 20.
- 4) Copy of the Notice of Informal Drawings mailed on 4/24/98.
- 5) Fee Address Indication Form.
- 6) Self addressed stamped post card receipt.

Respectfully Submitted,

Handwritten signature of Ronald R. Kilponen.

Attorney for Applicant(s)

Date: 9/27/99

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Publishing Division
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Ronald R. Kilponen, Esq.
P.O. Box 1132
Novi, MI. 48376-1132
Phone: 248/344-7132
Reg. No.: 37,656

Certification Under 37 CFR 1.10

I hereby certify that this Issue Fee Cover Sheet and the documents referred to as enclosed therein are being deposited with the United States Postal Service on this date 9/27/99 in an envelope as "Express Mail Post Office to Addressee" Mailing Label Number EJ144832504US addressed to the: Assistant Commissioner of Patents, Box Issue Fee, Washington, D.C. 20231.

Ronald R. Kilponen
Type/Print name of person mailing

Ronald R. Kilponen
Signature of person mailing

PATENT
EXPRESS MAIL: EJ144832504US

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re application of: LeMaire III, et. al.

Serial No: 09/016,090

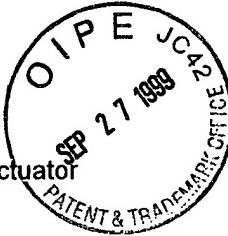
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Assistant Commissioner of Patents

Box Issue Fee

Washington, D.C. 20231

TRANSMITTAL OF PAYMENT OF ISSUE FEE (37 CFR 1.311)

1. Applicant hereby pays the issue fee for the attached Issue Fee Transmittal PTOL-85B.

2. Fee (37 CFR 1.18(a) and (b))

Application status is: Regular Design

Small business entity XX \$605.00 \$

Verified statement attached

Verified statement filed on 1/30/98.

Other than a small entity \$ \$

3. Payment of fee:

Enclosed find check no. 3053 in the amount of \$605.00

charge account _____ for any fee deficiency

Charge account _____ the sum of \$_____ A duplicate
of this request is attached.

Date: 9/27/99



Signature of Attorney

Tel: 248/344-7132

Reg. No: 37,656

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